Corporati on

Skilled

Yes

Yes

HALES CORNERS CARE CENTER 9449 WEST FOREST HOME AVENUE

HALES CORNERS 53130 Phone: (414) 529-6888
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital?
Number of Beds Set Up and Staffed (12/31/01): 62
Total Licensed Bed Capacity (12/31/01): 62
Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Title 19 (Medicaid) Certified?

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 0
Supp. Home Care-Personal Care	No				Ì	1 - 4 Years	46. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	18. 3
Day Services	No	Mental Illness (Org./Psy)	20. 0	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	3. 3	75 - 84	45.0	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	45.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	10. 0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	İ	j	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	10. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	23. 3	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	6. 7	'		RNs	11. 1
Referral Service	No	Di abetes	1. 7	Sex	%	LPNs	11. 8
Other Services	Yes	Respiratory	8. 3		Ì	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	26. 7	Male	16. 7	Ai des, & Orderlies	46. 7
Mentally Ill	No			Female	83. 3		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	•		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	6. 3	136	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 7
Skilled Care	9	100. 0	310	14	87. 5	117	0	0.0	0	35	100.0	193	0	0.0	0	0	0.0	0	58	96. 7
Intermediate				1	6. 3	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		16	100.0		0	0.0		35	100.0		0	0.0		0	0.0		60	100. 0

HALES CORNERS CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	i or kesidents	Conarti	ons, services,	and Activities as of 12.	/ 31/ U1
beachs builting kepoliting lellou			%	Needi ng		Total	
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	3.8	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		61. 7	38. 3	60
Other Nursing Homes	7. 6	Dressi ng	3. 3		80. 0	16. 7	60
Acute Care Hospitals	84. 8	Transferring	6. 7		76. 7	16. 7	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	6. 7		71. 7	21. 7	60
Reȟabilitation Hospitals	0.0	Eating	53. 3		30. 0	16. 7	60
Other Locations	3.8	**************	******	*****	**********	*********	******
Total Number of Admissions	79	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8. 3	Receiving Re	spi ratory Care	8. 3
Private Home/No Home Health	7.6	Occ/Freq. Incontinen		45 . 0		acheostomy Care	11. 7
Private Home/With Home Health	24. 1	Occ/Freq. Incontinen	nt of Bowel	35. 0	Recei vi ng Su	cti oni ng	1. 7
Other Nursing Homes	1. 3	_			Receiving 0s	stomy Care	3. 3
Acute Care Hospitals	16. 5	Mobility			Receiving Tu		3. 3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1. 7	Receiving Me	chanically Altered Diets	31.7
Rehabilitation Hospitals	0.0				_	-	
Other Locations	16. 5	Skin Care			Other Resident	Characteri sti cs	
Deaths	34. 2	With Pressure Sores		10. 0	Have Advance	e Directives	96. 7
Total Number of Discharges		With Rashes		5. 0	Medi cati ons		
(Including Deaths)	79	ĺ			Receiving Ps	ychoactive Drugs	68 . 3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 95. 2 77. 1 1. 23 86. 3 1. 10 82.7 1.15 84. 6 1. 12 Current Residents from In-County 73.3 82.7 0.89 89. 4 0.82 **85**. 3 0.86 77. 0 0. 95 Admissions from In-County, Still Residing 16. 5 19. 1 0.86 19. 7 0.84 21. 2 0.78 20.8 0.79 Admissions/Average Daily Census 133.9 173. 2 0.77 180. 6 0.74 148. 4 0.90 128. 9 1.04 Discharges/Average Daily Census 133.9 173.8 184. 0 0.73 150. 4 0.89 130.0 1.03 0.77 Discharges To Private Residence/Average Daily Census 42.4 71.5 0.59 80. 3 0.53 **58.** 0 0.73 **52.8** 0.80 Residents Receiving Skilled Care 98. 3 92.8 1.06 95. 1 1.03 91.7 1.07 85.3 1. 15 Residents Aged 65 and Older 100 86.6 90.6 91.6 87. 5 1. 15 1. 10 1.09 1. 14 Title 19 (Medicaid) Funded Residents 26. 7 71.1 51.8 0.52 64. 4 0.41 68. 7 0.37 0.39 Private Pay Funded Residents **58**. 3 13. 9 23.8 22. 0 4. 21 32. 8 1. 78 2.45 2.65 Developmentally Disabled Residents 0.0 1. 3 1. 3 0. 00 0. 9 7. 6 0.00 0.00 0.00 Mentally Ill Residents 23. 3 32. 5 0.72 32. 1 0.73 32. 2 0.72 33. 8 0.69 General Medical Service Residents 26. 7 20. 2 1.32 22.8 1.17 23. 2 1. 15 19.4 1.37 49.3 Impaired ADL (Mean) 54.3 52.6 1.03 50. 0 1.09 51.3 1.06 1. 10 Psychological Problems 68. 3 48.8 1.40 55. 2 1. 24 50. 5 1.35 51. 9 1. 32 Nursing Care Required (Mean) 1. 28 7. 2 9.4 7.3 7. 8 1. 20 1. 30 7. 3 1. 28